



MEDI-CAL UPDATE

Part 2

Billing and Policy

www.medi-cal.ca.gov

Allied Health • Orthotics and Prosthetics

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Billing Tips for Medi-Cal Universal Claim Form Transition Period

Beginning April 23, 2007 through June 24, 2007, Medi-Cal will accept both versions of the professional claim form, either the *HCFA 1500* or the *CMS-1500*. During this period, providers are encouraged to migrate their business processes away from the *HCFA 1500*, depleting their form stock, in preparation for exclusive use of the *CMS-1500*.

Providers may choose to fully transition to the new *CMS-1500* claim form at any time during this two-month window before the use of the *CMS-1500* is mandatory. Beginning June 25, 2007, Medi-Cal will only accept the *CMS-1500*.

Separate billing instructions apply, as Medi-Cal is announcing a National Provider Identifier (NPI) dual-use period that starts during the claim form transition period. (For more information on the NPI implementation date, refer to the Medi-Cal Web site [www.medi-cal.ca.gov] and future *Medi-Cal Updates*.)

Providers billing on the new *CMS-1500* claim form must continue to use their Medi-Cal provider number until instructed otherwise. Beginning May 23, 2007, the NPI, if available, should be reported along with the Medi-Cal provider number, but is not necessary for proper adjudication.

For providers who choose to use the new claim form during the transition period, below are instructions on how to fill out the new form during the April 23 to June 24 time frame.

Providers may also continue to use the *HCFA 1500* claim form during the transition period and bill as they do currently. To clarify, providers using the *HCFA 1500* must use their Medi-Cal provider number. Only the new *CMS-1500* supports provision of both identifiers.

Box 17

14. DATE OF CURRENT: MM DD YY	16. ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS: GIVE FIRST DATE MM DD YY	18.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	19.
		17b. NPI	
19. RESERVED FOR LOCAL USE			20.

If a referring provider is necessary, providers should list the referring provider's name in Box 17 and enter the referring provider's Medi-Cal provider number or state license number in Box 17A. Providers can enter the referring provider's NPI in Box 17B.

When the referring provider is a Non-physician Medical Practitioner (NMP) working under the supervision of a physician, enter the name of the NMP in Box 17. Beginning April 23, 2007 and until instructed otherwise, enter the NMP's Medi-Cal provider number or state license number in Box 17A. Providers will be instructed at a later date when they can enter the referring provider's NPI in Box 17B.

*Please see **Billing Tips**, page 2*

Billing Tips (continued)

Boxes 24I and 24J

F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
				NPI	
				NPI	

Box 24I is not required by Medi-Cal. Box 24J is only necessary if the individual rendering provider number is different from the billing provider number. If the provider numbers are different, then enter the rendering provider's Medi-Cal number in the shaded area of Box 24J. Do not enter a physician license number in Box 24J. Providers can enter the rendering provider's NPI in the unshaded area of Box 24J.

Box 32

32. SERVICE FACILITY LOCATION INFORMATION		3
a. NPI	b.	a

In Box 32, enter the service facility's name; address (without a comma between the city and state) and a nine-digit ZIP code (without a hyphen); and telephone number. This information is not required when clinical laboratories bill for their own services.

Providers can enter the facility's NPI in Box 32A. In Box 32B, enter the Medi-Cal provider number of the facility where the services were rendered if the Place of Service on the claim is other than Office (11), Home (12), Ambulance (Land) (41), Ambulance (Air or Water) (42), Residential Substance Abuse Treatment Facility (55), End Stage Renal Disease Treatment Facility (65), Independent Laboratory (81) or Other (99). This information is required for all other Place of Service codes.

Box 33

33. BILLING PROVIDER INFO & PH # ()	
a. NPI	b.

APPROVED OMB 0928-0000 FORM CMS-1500 (09/05)

In Box 33, enter the billing provider's name; address (without a comma between the city and state) and nine-digit ZIP code (without a hyphen); and telephone number.

Providers can enter the billing provider's NPI in Box 33A. In Box 33B, enter the billing provider's individual or group Medi-Cal provider number.

Fresno Medi-Cal Field Office to Close

The Fresno Medi-Cal Field Office (FMCFO), located at 3374 East Shields Avenue, Suite C-4 in Fresno, California, will close no earlier than November 2007.

The closure is part of a statewide effort to streamline Medi-Cal field office operations and to increase consistency in *Treatment Authorization Request* (TAR) decisions on behalf of Medi-Cal recipients.

Note: The closure of other Medi-Cal field offices is not being considered, and the Medical Case Management (MCM) program will not be closing.

The majority of TAR services currently handled by the Fresno Field Office staff will be redirected to other Medi-Cal field offices. Hospital onsite review of TARs at area hospitals will continue, as will local MCM activities.

Provider notification regarding specific details on the redirection of the various TAR types adjudicated by the FMCFO to other Medi-Cal field offices will be provided in future *Medi-Cal Updates* as information becomes available. The California Department of Health Services (CDHS) does not anticipate any negative impact to providers or recipients as a result of the closure of the FMCFO, as all TAR and MCM services will continue.

Orthotic and Prosthetic Code Modifier Exceptions Update

Effective March 1, 2007, the California Department of Health Services (CDHS) has updated the list of Orthotic and Prosthetic appliance codes that do not require billing with an RT (right side) or LT (left side) modifier:

A6501 – A6503, A6509 – A6511, A6513, A6544, L0100, L0110, L0120 – L0220, L0450 – L0488, L0490 – L0492, L0621 – L0640, L0700 – L0710, L0810 – L0861, L0960 – L0999, L1000 – L1652, L1690, L1700 – L1730, L2580, L2627 – L2628, L2640, L3212 – L3214, L3650, L3652, L3660, L3675, L4000, L4205, L4210, L7510, L7520, L8000, L8002, L8015, L8310, L8499, L8500 – L8510, S1040.

These codes may be billed without modifiers.

This information is reflected on manual replacement page ortho 2 (Part 2)

California Children's Services Service Code Groupings Updates

Effective January 1, 2007, updates were made to California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03 and 07.

HCPCS codes X7582, X7588 and X7634 and CPT-4 code 90634 have been end-dated for dates of service on or after January 1, 2007.

In addition, HCPCS codes J9001, J9045 and J9310 and CPT-4 codes 20600, 20605, 20610, 20650, 20670, 20680, 20690, 20692 – 20694, 90384 – 90386, 90399, 90649, 90660, 90680, 90710, 90714 – 90715, 90734, 90740 and 90747 have been added for dates of service on or after January 1, 2007.

Reminder: SCG 02 includes all the codes in SCG 01 plus additional codes applicable only to SCG 02; SCG 03 includes all the codes in SCG 01 and SCG 02 plus additional codes applicable only to SCG 03; and SCG 07 includes all the codes in SCG 01 plus additional codes applicable only to SCG 07. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child ser 1, 3, 11 and 18 (Part 2).

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Remove and replace: cal child ser 1 thru 24
dura cd 7 thru 10 *

Remove and replace
at the end of the
HCFA 1500 Completion
section: *Code Correlation Guide 1/2 **

Remove and replace: ortho 1/2
tar field 9/10 *
tax 1/2 *

* Pages updated due to ongoing provider manual revisions.